

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
STEPHANIE TUBBS JONES FOR US CONGRESS

Full Name (Last, First, Middle Initial) A. Tammy Duckworth for Congress		Transaction ID: SB17.12940 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 430 South Capitol, S E End Floor		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington D C State Zip Code 20003		
Purpose of Disbursement Political Donation Candidate Name STEPHANIE TUBBS JONES FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 11	Category/Type 012	

Full Name (Last, First, Middle Initial) B. The Civic		Transaction ID: SB17.12663 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 3130 Mayfield Rd.		Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cleveland Hts. State OH Zip Code 44118		
Purpose of Disbursement room rentals for dinner Candidate Name STEPHANIE TUBBS JONES FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 11	Category/Type 007	

Full Name (Last, First, Middle Initial) C. The Civic		Transaction ID: SB17.12728 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 3130 Mayfield Rd.		Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cleveland Hts. State OH Zip Code 44118		
Purpose of Disbursement microphones for caucus meeting Candidate Name STEPHANIE TUBBS JONES FOR US CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 11	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional) ▶	2275.00
TOTAL This Period (last page this line number only) ▶